## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Kevin John Brown

Application No.: 10/723,030 Group No.: 3766 Filed: 11/26/2003 Examiner: Wei For: RADIOTHERAPY APPARATUS AND OPERATING METHOD

RESPONSE UNDER
37 C.F.R. § 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP
3766

Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

## AMENDMENT OR RESPONSE AFTER FINAL REJECTION--TRANSMITTAL

1. Transmitted herewith is an amendment after final rejection (37 C.F.R. 1.116) for this application. Accompanying this amendment is a request for continued examination.

#### **STATUS**

**2.** Applicant is other than a small entity.

## **EXTENSION OF TERM**

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for three months:

Fee: \$1,050.00

#### FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col.1)		(Col. 2)	(Col. 3)	OTHER THAN SMALL ENTITY			ENTITY	
	CLAIMS								
REMAINING			HIGHEST NO						
	AFTER		PREVIOUSLY	PRESENT			ADDIT.		
	AMENDMENT		PAID FOR	EXTRA	RATE		FEE		
TOTAL	15	MINUS	20	= 0	x \$	50.00	=	\$	0.00
INDEP	1	MINUS	3	= 0	x \$	210.00	=	\$	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+ \$	0.00	=	\$	0.00
					ΔD	TOTAL DIT. FEE		\$	0.00

No additional fee for claims is required.

#### **FEE PAYMENT**

5. Fees to be paid:

Extension of Term – 3 months \$1,050.00

Request for Continued Examination \$810.00

Total Fees Due: \$1,860.00

Authorization is hereby made to charge the amount of \$1,860.00 to Deposit Account No. 19-4972.

Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

# FEE DEFICIENCY

**6.** If any additional extension and/or fee is required, charge Account No. 19-4972.

If any additional fee for claims is required, charge Account No. 19-4972.

Date: August 21, 2008 /Jay Sandvos, #43,900/

Jay Sandvos

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